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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	10/583,422
	Issue Date	TBD
	First Named Inventor	Robert Hess
	Title	Bone Screw
	Attorney Docket Number	0218.094.0002

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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Brian Malm	44,895
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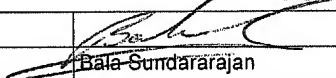
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I am the:

☐ Inventor, having ownership of the patent.

OR

☒ Patent owner.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on 10/01/2009
SIGNATURE of Inventor or Patent Owner

Signature		Date	6/4/2010
Name	Bala Sundararajan	Telephone	610-930-1800
Title and Company	Patent Counsel - Globus Medical, Inc.		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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